Migrant Worker’s Health for Travel Health Providers

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1. Importation of yellow fever into China: assessing travel patterns

- Thousands of Chinese construction workers, engineers, planners, and support staff including doctors and cooks reside in Angola.
- Between 4 and 12 April 2016, a total of 11 laboratory-confirmed YF cases originating in Angola have been reported in China.

Annelies Wilder-Smith et al; Journal of Travel Medicine, 2017, 1–4

2. Infectious diseases and migrant worker health in Singapore: a receiving country’s perspective (Review article, 2017)

- Approximately 45% of Singapore’s total population is migrant (2015).
- Pre-employment health examination is required upon arrival.
- A significant proportion of malaria, enteric fevers, hepatitis A and E and tuberculosis diagnosed in Singapore involve migrant workers.
- There is a working permit mandate for enrollment to medical insurance but it only covers inpatient care and surgery. It does not cover outpatient fees.
- Migrant workers are at higher risk for certain infections due to occupational exposure, behavioral risks or living conditions. And migrant workers may require policies and approaches that can reduce barriers to access and encourage health-seeking behavior.

Sapna P. Sadarangani et al; Journal of Travel Medicine, 2017, 1–9

3. Identifying the gaps in Nepalese migrant workers’ health and well-being (Review article, 2017)

- Approximately 3.5 million Nepalese (14% of total population) are working abroad, primarily in Malaysia, the six countries of the Gulf Cooperation Council (GCC), and India.
- Income from migrant workers comprise 28% of Nepal’s gross domestic product, yet health-related policies are lacking.
- Several studies provided data on injuries, occupational hazard, and mortality of Nepalese migrant workers highlighting poor occupational health and safety practices with limited use of personal protective equipment.
- Several studies showed alcohol and drug use during their stay aboard.
- Nepalese migrant workers were among one of the high-risk populations for TB (tuberculosis) in Saudi Arabia along with Indonesian and Indian workers.
- Sexual risk-taking behaviors and HIV and AIDS vulnerability.

Padam P. Simkhada et al; Journal of Travel Medicine, 2017, 1–9
What does Migration Health mean for Travel Health Providers?

- Conventional Travel Medicine:
  - Pre-travel consultations
  - Post-travel consultations: Business travelers, student travel, field works.

- Arising Migrant focused approach:
  - Spread of vaccine preventable diseases (Yellow fever)
  - Differences in Immunization programs by countries (Vaccine gap)
  - Immigrants Visiting Friends and Families (Exposure risks)

- How about other problems?
  - Care of non-communicable disease?
  - Latent diseases (eg: TB, Hepatitis, HIV)?
  - Reaching out to those in need? (Access to care)

Learning about Global Health Policy is helpful for travel health providers

- Broader health needs to achieve universal health care